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Application Number

Application Number **POWER OF ATTORNEY** J. SEEBOCK **First Named Inventor** TAMES INCOUDING LUMINESSENT MATORIA and Title IANDCUFFS CORRESPONDENCE ADDRESS Art Unit 3*474* **INDICATION FORM** Examiner Name JOHN B. WALSH RECEIVED **Attorney Docket Number** GENTRAL FIX CENTER I hereby appoint: MAR 216 2004 Practitioners associated with the Customer Number. |X|Practitioner(s) named below: Registration Number Name 504 ROBERZ as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: **OR** The address associated with Customer Number: OR STEROCK Individual Name IAMES Address Address Zip State 7 City ~DE12502 Country ٠ςΑ Fax 407-702 Telephone 8785 02-407am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Signature Telephone 702-407-8785 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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